

Office of Postsecondary Education  
Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202

Re: Reimagining and Improving Student Education Proposed Rule

Dear Secretary McMahon:

On behalf of Grantmakers In Health (GIH) and our undersigned partners, we appreciate the opportunity to comment on the Reimagining and Improving Student Education Proposed Rule.

### **Background**

GIH is a nonprofit, educational organization dedicated to helping foundations and corporate giving programs improve the health of all people. In that work, GIH supports policies that promote access to high quality health care. Protecting this access is a central mission of health philanthropy, and its success depends on a well-prepared, robust health workforce. For decades, grantmakers have supported health workforce pipelines across health and human services disciplines, encouraging students to enter these critical fields.

Recently, the U.S. Department of Education published a proposed rule that would narrow the definition of which graduate programs qualify as “professional degrees” for federal student loan purposes, affecting how much students in certain health fields may borrow. Under the proposal, degrees in nursing, nurse practitioner programs, physician assistant studies, physical therapy, occupational therapy, speech-language pathology, audiology, social work, and public health would not be classified as professional degrees for purposes of federal financial aid. As a result, students pursuing these degrees could face lower borrowing loan limits.

Finalizing this rule could make graduate education less affordable and disrupt health workforce pipelines, potentially discouraging students from entering essential health and human-services professions. Excluding these degrees could limit access to advanced training, exacerbate workforce shortages, and increase health inequities across the country. For more information, see analyses by the [American Hospital Association](#), the [Association of Schools and Programs of Public Health](#), and the [Association of Schools Advancing Health Professions](#).

### **Comments on Proposed Rule**

- Constraining the health care workforce directly affects patient access to care, care coordination, and health outcomes. For example, public health, social work, and behavioral health professions are essential to patient care and outcomes because

they address the social, behavioral, and environmental factors that fundamentally shape health—often determining outcomes as much as, or more than, clinical treatment alone. **Public health professionals** focus on prevention, population-level interventions, and emergency preparedness, helping reduce disease burden, improve community resilience, and ensure that health systems can respond effectively to crises. **Social workers** play a critical role in care coordination, patient advocacy, and addressing upstream drivers of health such as housing instability, food insecurity, and access to benefits, which directly influence treatment adherence and recovery. **Behavioral health professionals** provide prevention, early intervention, and treatment for mental health and substance use conditions, which are closely linked to chronic disease management, maternal and child health, and overall quality of life. Together, these professions strengthen care teams, improve continuity of care, reduce avoidable hospitalizations, and support more equitable health outcomes—particularly in underserved communities.

- Nurses, physician assistants, dental hygienists, and other providers offer vital services in communities that struggle to recruit and retain health care providers. Research shows that individuals from rural and other underserved communities are more likely to work in those communities. Limiting access to federal loans will worsen access to care and the quality of care provided in underserved areas, especially rural communities. These areas are frequently Health Professional Shortage Areas, which are defined by a shortage of primary, dental, or mental health care providers.
- Reducing borrowing capacity could create substantial financial barriers, discouraging qualified students from entering these critical fields. Those who do enroll may rely more heavily on private loans or out-of-pocket financing, which can influence post-graduation career decisions—potentially limiting willingness to work in rural, tribal, or underserved communities where compensation may be lower but the need for health professionals is greatest.
- Policies that limit access to federal financing risk worsening existing workforce shortages, with ripple effects on students, patients, and the philanthropic sector’s ability to support strategic workforce development. A strong health workforce relies on a partnership between federal policy and philanthropy, in which public financing provides a stable foundation for charitable investments to be strategic, supplemental, and transformative rather than compensatory.

## **Recommendation**

We respectfully urge the Department to broaden the definition of professional degrees to include these essential health professions, ensuring that students can access the federal support needed to pursue careers in critical health and human-services fields. Should you

have any questions or wish to discuss our comment further, please contact Ann Rodgers at [arodgers@gih.org](mailto:arodgers@gih.org).

Sincerely,

Cara V. James  
President and CEO  
Grantmakers In Health